

300-561
PART B—ISSUE FEE TRANSMITTAL

MAILING INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE. Blocks 2 through 6 should be completed where appropriate. All further correspondence including the Issue Fee Receipt, the Patent, advances orders and notification of maintenance fees will be mailed to addressee entered in Block 3, unless you direct otherwise, by: (a) specifying a new correspondence address in Block below; or (b) providing the PTO with a separate ADDRESS for maintenance fee notifications with the payment of Issue Fee or thereafter. **See reverse for Certificate of Mailing.** #16

1. CORRESPONDENCE ADDRESS		2. INVENTOR(S) ADDRESS CHANGE (Complete only if there is a change)	
		INVENTOR'S NAME ENTERED D. Terry	
		Street Address	
		City, State and ZIP Code	
		CO-INVENTOR'S NAME	
		Street Address	
		City, State and ZIP Code	
		<input type="checkbox"/> Check if additional changes are on reverse side	

SERIES CODE/SERIAL NO.	FILING DATE	TOTAL CLAIMS	EXAMINER AND GROUP ART UNIT	DATE MAILED
First Named Applicant				

TITLE OF INVENTION				

ATTY'S DOCKET NO.	CLASS-SUBCLASS	BATCH NO.	APPLN. TYPE	SMALL ENTITY	FEE DUE	DATE DUE
060 MC 08/25/93 07458168			1 561	30.00 CK		

3. Correspondence address change (Complete only if there is a change)	4. For printing on the patent front page, list the names of not more than 3 registered patent attorneys or agents OR alternatively, the name of a firm having as a member a registered attorney or agent. If no name is listed, no name will be printed.
Wm. Bruce Day, Esq. STINSON, MAG & FIZZELL P.O. Box 419251 Kansas City, Missouri 64141 816-842-3600	1. Wm. Bruce Day 2. 3.

060 MC 08/20/93 07458168	DO NOT USE THIS SPACE
060 MC 08/25/93 07459168	1 142 1,170.00 CK
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5. ASSIGNMENT DATA TO BE PRINTED ON THE PATENT (print or type)		6a. The following fees are enclosed: <input checked="" type="checkbox"/> Issue Fee <input checked="" type="checkbox"/> Advanced Order - # of Copies <u>10</u> (Minimum of 10)	
(1) NAME OF ASSIGNEE: AFM Corporation		6b. The following fees should be changed to: DEPOSIT ACCOUNT NUMBER (ENCLOSED PART C) <input type="checkbox"/> Issue Fee <input type="checkbox"/> Advanced Order - # of Copies <input type="checkbox"/> Any Deficiencies in Enclosed Fees (Minimum of 10)	
(2) ADDRESS: (CITY & STATE OR COUNTY) Excelsior, Minnesota		The COMMISSIONER OF PATENTS AND TRADEMARKS is requested to apply the Issue Fee to the application identified above.	
(3) STATE OF INCORPORATION, IF ASSIGNEE IS A CORPORATION Minnesota		(Signature of party in interest of record) Bruce Day	
A. <input type="checkbox"/> This application is NOT assigned. <input checked="" type="checkbox"/> Assignment is being previously submitted to the Patent and Trademark Office. <input type="checkbox"/> Assignment is being submitted under separate cover. Assignments should be directed to Box ASSIGNMENTS. PLEASE NOTE: Unless an assignee is identified in Block 5, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the PTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.		(Date) 8/11/93	

TRANSMIT THIS FORM WITH FEE-CERTIFICATE OF MAILING ON REVERSE

Certificate of Mailing

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to:

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on August 11, 1993
(Date)

Wm. Bruce Day, Esq.
(Signature)

Bruce Day
(Typed or Printed Name)

8/11/93
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PATENT & TRADEMARK OFFICE
ISSUE DIVISION

This form is estimated to take 20 minutes to Complete. Time will vary depending upon the needs of the individual applicant. Any comments on the amount of time you require to complete this form should be sent to the Office of Management and Organization, Patent and Trademark Office, Washington, D.C. 20231 and to the Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, D.C. 20503.